

Case Number:	CM13-0056058		
Date Assigned:	12/30/2013	Date of Injury:	01/07/2012
Decision Date:	05/22/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/21/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a female with date of injury of 1/7/2012. Per treating physician's progress report the injured worker is working and is worse. She is having a flare-up of pain in the right shoulder over the past few weeks. She associates this with her work duties. She is having some difficulty with managing her pain and is concerned about her ability to continue working full duty. She would like to have a few more sessions of cognitive behavioral therapy (CBT) to help her with the pain management skills she learned in a functional restoration program (FRP). She complains of right upper extremity pain rated 3/10, and Oswestry 10%. Medications help to keep her working and also home e-stim helps. On exam of right upper extremity, there is right shoulder tenderness anteriorly and over biceps tendon, tenderness and spasm in right superior trapezius and pain with range of motion (ROM) above shoulder height. She is permanent and stationary. The diagnoses include: 1) sprain/strain shoulder/arm unspecified; and 2) chronic pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

GYM MEMBERSHIP FOR SIX MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, SHOULDER CHAPTER (UPDATED 06/12/13), GYM MEMBERSHIPS SECTION.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), SHOULDER CHAPTER, GYM MEMBERSHIPS.

Decision rationale: A progress note dated 10/24/2013, reports that a home exercise program was reviewed, and that there was difficulty with recent increased pain and associated stress/muscle tension. The plan was to continue the home exercise plan. A progress note dated 8/22/2013, reports that to prevent relapse, it would be wise to provide a gym membership for six (6) months. There is no indication that the gym membership would be utilized any more than the home exercise program, and there is no indication that exercises that need to be done require any special equipment that may necessitate a gym membership. The Official Disability Guidelines do not recommend gym membership as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. The injured worker has a home exercise program already, which appears to be reviewed regularly. There is no evidence that having a gym membership improves participation. There is also no indication that the exercises that the injured worker needs to perform require special equipment that would necessitate a gym membership. The request for a gym membership for six (6) months is determined to not be medically necessary.